

**Jeffries, Dawn (DEQ)**

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**From:** Jeffries, Dawn (DEQ)  
**Sent:** Wednesday, June 11, 2014 9:53 AM  
**To:** 'Jean Andrews'  
**Subject:** Fishersville Regional STP, VPDES Permit No. VA0025291, Augusta County

Dear Ms. Andrews:

Your application has been reviewed and appears to be complete. The waiver you requested from sampling and reporting chlorine has been granted. The next steps involve assembling the information necessary to develop the permit limitations and then drafting the permit. Once the draft permit is prepared and the appropriate reviews are performed, I will transmit the draft permit and supporting documentation to you for review. I expect to have this draft permit package to you within the next 3 months.

The Department of Environmental Quality strives to complete the permitting process in a timely manner. If you have any questions about our procedures or the status of your draft permit, please do not hesitate to contact us.

Sincerely,  
Dawn Jeffries  
VA Dept. of Environmental Quality  
Valley Regional Office  
P.O. Box 3000  
Harrisonburg, Virginia 22801  
540-574-7898  
[dawn.jeffries@deq.virginia.gov](mailto:dawn.jeffries@deq.virginia.gov)

**MEMORANDUM**  
**DEPARTMENT OF ENVIRONMENTAL QUALITY**  
**VALLEY REGIONAL OFFICE**

4411 Early Road - P.O. Box 3000

Harrisonburg, VA 22801

SUBJECT: Application Errata for VPDES Permit No. VA0025291, Fishersville Regional STP,  
Augusta County

TO: PP File

FROM: Dawn Jeffries

DATE: June 10, 2014

The following deficiencies were noted in the subject permit reissuance application:

Form 2A

Item A.12. E.coli data was submitted in lieu of fecal coliform. This is allowable.  
Item B.6. A waiver is requested and granted for chlorine since the facility uses UV disinfection.  
Item A.3. The NPDES permit is VA0025291.

Application Addendum

Item 5. "Yes" should be indicated.  
Item 6. The wastewater is generated by facilities using a public sewer.

The deficiencies noted are insignificant and will not affect the preparation of a legally and technically defensible draft permit.

Reviewer Concurrence: BWC 6/11/14

# AUGUSTA COUNTY SERVICE AUTHORITY



18 GOVERNMENT CENTER LANE, P.O. BOX 859, VERONA, VIRGINIA 24482 (540) 245-5670 FAX: (540) 245-5684

June 3, 2014

Ms. Dawn Jeffries  
Department of Environmental Quality  
P. O. Box 3000  
Harrisonburg, VA 22801-3000

DEQ VALLEY  
JUN 03 2014  
To: \_\_\_\_\_  
Date: \_\_\_\_\_

RE: Fishersville Regional STP Permit Application (VPDES Permit Number VA0025291)

Dear Ms. Jeffries:

Enclosed is the original permit application for the Fishersville Regional STP.

The Augusta County Service Authority submitted E Coli data in lieu of fecal coliform data on Part 2A, Section A12. The Water Quality Standards now specify E Coli to be tested in lieu of fecal coliform. A waiver is requested for chlorine in Form 2A, Section B6. This facility now uses ultraviolet light for disinfection instead of chlorine. Chlorine is not used in any of the processes.

The Sewage Sludge Permit Application requires an acceptance letter from the receiving facility. The Augusta County Service Authority owns and operates the receiving facility site; therefore, a letter has not been included with this application.

One test result has been included for Oil and Grease (O&G) and Total Dissolved Solids (TDS). The plant has been upgraded to Enhanced Nutrient Removal (ENR) and there is no reason to believe that the results would be significantly different for these parameters than earlier tests. Previous results for average daily discharge concentrations were 1 mg/L and 386 mg/L for O&G and TDS, respectively.

With regards to the Industrial Pretreatment Program, no new significant industrial users have been permitted for this system.

If you have any questions, please contact me at (540) 245-5677.

Sincerely,

Jean E. Andrews  
Lab and Compliance Manager



## **VPDES Permit Application Addendum**

1. **Entity to whom the permit is to be issued:** Augusta County Service Authority  
*Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.*
2. **Is this facility located within city or town boundaries?** ☐ YES ☒ NO  
Include a topographic map identifying the location of the facility, the property boundaries, and the discharge point.
3. **What is the tax map parcel number for the land where this facility is located?** 56-138F
4. **For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities?** 0
5. **ALL FACILITIES: What is the design average flow of this facility?** 4.0 MGD  
Industrial facilities: **What is the maximum 30-day avg. production level (include units)?** \_\_\_\_\_

**In addition to the above design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels?** ☐ YES ☐ NO

**If "Yes", please specify the other flow tiers (in MGD) or production levels:** 2.0 MGD

*Please consider: Is your facility's design flow considerably greater than your current flow? Do you plan to expand operations during the next five years?*

6. **Nature of operations generating wastewater:**

85 % of flow from domestic connections/sources

Number of private residences to be served by the wastewater treatment facilities: ☐ 0 ☐ 1-49 ☒ 50 or more

15 % of flow from non-domestic connections/sources

7. **Mode of discharge:** ☒ Continuous ☐ Intermittent ☐ Seasonal  
Describe frequency and duration of intermittent or seasonal discharges:

8. **Identify the characteristics of the receiving stream at the point just above the facility's discharge point:**

- ☒ Permanent stream, never dry  
☐ Intermittent stream, usually flowing, sometimes dry  
☐ Ephemeral stream, wet-weather flow, often dry  
☐ Effluent-dependent stream, usually or always dry  
☐ Lake or pond at or below the discharge point  
☐ Other: \_\_\_\_\_

9. **Consent to receive electronic mail**

The Department of Environmental Quality (DEQ) may deliver permits, certifications and plan approvals to recipients, including applicants or permittees, by electronically certified mail where the recipients notify DEQ of their consent to receive mail electronically (§ 10.1-1183). Check *only one* of the following to consent to or decline receipt of electronic mail from DEQ as follows:

- ☒ Applicant or permittee agrees to receive by electronic mail the permit and any plan approvals associated with the permit that may be issued for the proposed pollutant management activity, and to certify receipt of such electronic mail when requested by the DEQ.  
Please provide email: jandrews@co.augusta.va.us

- ☐ Applicant or permittee declines to receive by electronic mail the permit and any plan approvals associated with the permit that may be issued for the proposed pollutant management activity.

Fishersville WWTP VA0025291

Form Approved 1/14/99  
OMB Number 2040-0086

**PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:**

**All treatment works must complete questions A.1 through A.8 of this Basic Application information packet.**

### A.1. Facility Information.

Facility name Fishersville Regional WWTP

**Mailing Address** PO Box 859  
Verona VA 24482

**Contact person** Kenneth J. Fanfoni

Title                      Executive Director

Telephone number (540) 245-5670

Facility Address 887 Sangers Lane  
(not P.O. Box) Stuanton VA 24401

**A.2. Applicant Information.** If the applicant is different from the above, provide the following:

**Applicant name**

**Mailing Address**

**Contact person**

**Title****Telephone number**

**Is the applicant the owner or operator (or both) of the treatment works?**

✓ owner                      ✓ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

facility      ✓      applicant

**A.3. Existing Environmental Permits.** Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES VAL025291

UIC

RCRA

**PSD**

Other VPDES VA0025291

**Other**

**A.4. Collection System Information.** Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name \_\_\_\_\_

### Population Served

### Type of Collection System

## Ownership

### Fishersville area

6.045

Separate

**Municipal**

**Jalivue**

2.015

Separate

Municipal**Total population served** 8,060

## FACILITY NAME AND PERMIT NUMBER:

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Fishersville WWTP VA0025291

## A.5. Indian Country.

- a. Is the treatment works located in Indian Country?

☐ Yes ☒ No

- b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes ☒ No

## A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

- a. Design flow rate
- 4.0
- mgd

	<u>Two Years Ago</u>	<u>Last Year</u>	<u>This Year</u>
b. Annual average daily flow rate	<u>1.306</u>	<u>1.162</u>	<u>1.493</u> mgd
c. Maximum daily flow rate	<u>6.426</u>	<u>4.942</u>	<u>6.121</u> mgd

## A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

☒ Separate sanitary sewer 100 %  
☐ Combined storm and sanitary sewer \_\_\_\_\_ %

## A.8. Discharges and Other Disposal Methods.

- a. Does the treatment works discharge effluent to waters of the U.S.?

☒ Yes ☐ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 1  
ii. Discharges of untreated or partially treated effluent 0  
iii. Combined sewer overflow points 0  
iv. Constructed emergency overflows (prior to the headworks) 0  
v. Other \_\_\_\_\_

- b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?

☐ Yes ☒ No

If yes, provide the following for each surface impoundment:

Location: \_\_\_\_\_

Annual average daily volume discharged to surface impoundment(s) \_\_\_\_\_ mgd

Is discharge \_\_\_\_\_ continuous or \_\_\_\_\_ intermittent?

- c. Does the treatment works land-apply treated wastewater?

☐ Yes ☒ No

If yes, provide the following for each land application site:

Location: \_\_\_\_\_

Number of acres: \_\_\_\_\_

Annual average daily volume applied to site: \_\_\_\_\_ Mgd

Is land application \_\_\_\_\_ continuous or \_\_\_\_\_ intermittent?

- d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works?

☐ Yes ☒ No

**FACILITY NAME AND PERMIT NUMBER:**

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If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

For each treatment works that receives this discharge, provide the following:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

If known, provide the NPDES permit number of the treatment works that receives this discharge. \_\_\_\_\_

Provide the average daily flow rate from the treatment works into the receiving facility. \_\_\_\_\_

NA mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)?

\_\_\_\_ Yes

\_\_\_\_ ☒ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method: \_\_\_\_\_

Is disposal through this method \_\_\_\_\_

continuous or

\_\_\_\_\_ intermittent?

## FACILITY NAME AND PERMIT NUMBER:

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## WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

## A.9. Description of Outfall.

- a. Outfall number 001
- b. Location
- |                               |                        |
|-------------------------------|------------------------|
| (City or town, if applicable) | (Zip Code)             |
| <u>Augusta</u>                | <u>VA</u>              |
| (County)                      | (State)                |
| <u>38° 07' 38.7" N</u>        | <u>78° 59' 47.3" W</u> |
| (Latitude)                    | (Longitude)            |
- c. Distance from shore (if applicable) \_\_\_\_\_ ft.
- d. Depth below surface (if applicable) \_\_\_\_\_ ft.
- e. Average daily flow rate 1.493 mgd
- f. Does this outfall have either an intermittent or a periodic discharge? \_\_\_\_\_ Yes ☒ No (go to A.9.g.)
- If yes, provide the following information:
- Number of times per year discharge occurs: \_\_\_\_\_
- Average duration of each discharge: \_\_\_\_\_
- Average flow per discharge: \_\_\_\_\_ mgd
- Months in which discharge occurs: \_\_\_\_\_
- g. Is outfall equipped with a diffuser? \_\_\_\_\_ Yes ☒ No

## A.10. Description of Receiving Waters.

- a. Name of receiving water Christians Creek
- b. Name of watershed (if known) Potomac Basin/Shenandoah Subbasin
- United States Soil Conservation Service 14-digit watershed code (if known): \_\_\_\_\_
- c. Name of State Management/River Basin (if known): \_\_\_\_\_
- United States Geological Survey 8-digit hydrologic cataloging unit code (if known): \_\_\_\_\_
- d. Critical low flow of receiving stream (if applicable):  
acute \_\_\_\_\_ cfs chronic \_\_\_\_\_ cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): \_\_\_\_\_ mg/l of CaCO<sub>3</sub>



## FACILITY NAME AND PERMIT NUMBER:

Fishersville WWTP VA0025291

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## A.11. Description of Treatment.

a. What levels of treatment are provided? Check all that apply.

☐ Primary
 ☐ Secondary  
☒ Advanced
 ☐ Other. Describe: \_\_\_\_\_

b. Indicate the following removal rates (as applicable):

Design BOD<sub>5</sub> removal or Design CBOD<sub>5</sub> removal >90 %  
 Design SS removal >90 %  
 Design P removal >90 %  
 Design N removal >90 %  
 Other \_\_\_\_\_ %

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

Ultraviolet

If disinfection is by chlorination, is dechlorination used for this outfall?

☐ Yes ☐ No

d. Does the treatment plant have post aeration?

☒ Yes ☐ No

**A.12. Effluent Testing Information.** All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.7	s.u.			
pH (Maximum)	7.6	s.u.			
Flow Rate	6.121	MGD	1.493	MGD	1095
Temperature (Winter)	16	° C	13	° C	543
Temperature (Summer)	22	° C	20	° C	552

\* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		

## CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5	12	mg/L	0.8	mg/L	160	5210B-2001	QL=2.0 mg/L
	CBOD-5							
FECAL COLIFORM	308 (E. coli)	n/100 mL	20 (E. coli)	n/100 mL	156	Coliort Tray	n/100 mL	
TOTAL SUSPENDED SOLIDS (TSS)	5.9	mg/L	0.9	mg/L	59	2540D-0997	QL=1.0 mg/L	

END OF PART A.

**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE**

**FACILITY NAME AND PERMIT NUMBER:**

Fishersville WWTP VA0025291

Form Approved 1/14/99  
OMB Number 2040-0086**BASIC APPLICATION INFORMATION****PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day):**All applicants with a design flow rate  $\geq 0.1$  mgd must answer questions B.1 through B.6. All others go to Part C (Certification).**B.1. Inflow and Infiltration.** Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.255,000 gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

ACSA continues to investigate and repair problems as discovered. 15 manholes have been repaired last month.**B.2. Topographic Map.** Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

- The area surrounding the treatment plant, including all unit processes.
- The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
- Each well where wastewater from the treatment plant is injected underground.
- Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
- Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
- If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

**B.3. Process Flow Diagram or Schematic.** Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.**B.4. Operation/Maintenance Performed by Contractor(s).**Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? Yes ☒ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Responsibilities of Contractor: \_\_\_\_\_

**B.5. Scheduled Improvements and Schedules of Implementation.** Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

- List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

- Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

Yes ☐ No ☐

## FACILITY NAME AND PERMIT NUMBER:

Fishersville WWTP VA0025291

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- c. If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable):

- d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule	Actual Completion
	MM / DD / YYYY	MM / DD / YYYY
- Begin construction	___/___/___	___/___/___
- End construction	___/___/___	___/___/___
- Begin discharge	___/___/___	___/___/___
- Attain operational level	___/___/___	___/___/___

- e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ☐ Yes ☐ No

Describe briefly: \_\_\_\_\_

**B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).**

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: 001

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)	1.40	mg/L	<0.2	mg/L	160	4500-NH3 D1997	0.2 mg/L
CHLORINE (TOTAL RESIDUAL, TRC)	* Waiver						
DISSOLVED OXYGEN	10.8	mg/L	9.2	mg/L	365	Hach 10360	0.1 mg/L
TOTAL KJELDAHL NITROGEN (TKN)	2.77	mg/L	1.04	mg/L	160	4500NorgC1997	0.5 mg/L
NITRATE PLUS NITRITE NITROGEN	4.14	mg/L	1.68	mg/L	160	EPA 353.2	0.05 mg/L
OIL and GREASE	<2	mg/L	<2	mg/L	1	EPA 1664	2 mg/L
PHOSPHORUS (Total)	0.98	mg/L	0.16	mg/L	160	5210 B-2001	0.05 mg/L
TOTAL DISSOLVED SOLIDS (TDS)	336	mg/L	336	mg/L	1	2540C-1997	5 mg/L
OTHER							

**END OF PART B.**

**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE**

**FACILITY NAME AND PERMIT NUMBER:**

Fishersville WWTP VA0025291

Form Approved 1/14/99  
OMB Number 2040-0086**BASIC APPLICATION INFORMATION****PART C. CERTIFICATION**

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

☒ Basic Application Information packet

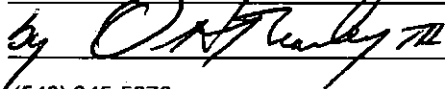
Supplemental Application Information packet:

☒ Part D (Expanded Effluent Testing Data)☒ Part E (Toxicity Testing: Biomonitoring Data)☒ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)☐ Part G (Combined Sewer Systems)**ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Kenneth J. Fanfoni, Executive Director

Signature

 Deputy Executive Dir.Telephone number (540) 245-5670

Date signed

6/3/14

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

**SEND COMPLETED FORMS TO:**

## FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99  
OMB Number 2040-0086

Fishersville WWTP VA0025291

## SUPPLEMENTAL APPLICATION INFORMATION

## PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

**Effluent Testing: 1.0 mgd and Pretreatment Treatment Works.** If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.											
ANTIMONY	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 200.7	5
ARSENIC	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 200.7	5
BERYLLIUM	<0.5	ug/L	<0.01	kg/D	<0.5	ug/L	<.003	kg/D	3	EPA 200.7	0.5
CADMIUM	<0.5	ug/L	<0.01	kg/D	<0.5	ug/L	<.003	kg/D	3	EPA 200.7	0.5
CHROMIUM	1	ug/L	0.02	kg/D	<1	ug/L	<.006	kg/D	3	EPA 200.7	1
COPPER	4	ug/L	0.09	kg/D	3	ug/L	0.02	kg/D	3	EPA 200.7	2
LEAD	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 200.7	5
MERCURY	<0.2	ug/L	<.005	kg/D	<0.2	ug/L	<.001	kg/D	3	EPA 245.1	0.2
NICKEL	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 200.7	5
SELENIUM	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 200.7	5
SILVER	<1	ug/L	<0.02	kg/D	<1	ug/L	<.006	kg/D	3	EPA 200.7	1
THALLIUM	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 200.7	5
ZINC	67	ug/L	1.55	kg/D	54	ug/L	0.31	kg/D	3	EPA 200.7	5
CYANIDE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 335.4	5
TOTAL PHENOLIC COMPOUNDS	<20	ug/L	<0.46	kg/D	<20	ug/L	<0.11	kg/D	3	EPA 420.4	20
HARDNESS (AS CaCO <sub>3</sub> )	230	mg/L	5329	kg/D	189	mg/L	1068	kg/D	3	SM 2340B	0.331
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer.											

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POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
VOLATILE ORGANIC COMPOUNDS.											
ACROLEIN	<50	ug/L	<1.16	kg/D	<50	ug/L	<0.28	kg/D	3	EPA 624	50
ACRYLONITRILE	<50	ug/L	<1.16	kg/D	<50	ug/L	<0.28	kg/D	3	EPA 624	50
BENZENE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 624	5
BROMOFORM	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 624	5
CARBON TETRACHLORIDE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 624	5
CLOROBENZENE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 624	5
CHLORODIBROMO-METHANE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 624	5
CHLOROETHANE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 624	5
2-CHLORO-ETHYL VINYL ETHER	<10	ug/L	<0.23	kg/D	<10	ug/L	<0.06	kg/D	3	EPA 624	10
CHLOROFORM	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 624	5
DICHLOROBROMO-METHANE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 624	5
1,1-DICHLOROETHANE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 624	5
1,2-DICHLOROETHANE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 624	5
TRANS-1,2-DICHLORO-ETHYLENE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 624	5
1,1-DICHLOROETHYLENE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 624	5
1,2-DICHLOROPROPANE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 624	5
1,3-DICHLORO-PROPYLENE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 624	5
ETHYLBENZENE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 624	5
METHYL BROMIDE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 624	5
METHYL CHLORIDE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 624	5
METHYLENE CHLORIDE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 624	5
1,1,2,2-TETRACHLORO-ETHANE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 624	5
TETRACHLORO-ETHYLENE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 624	5
TOLUENE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 624	5

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POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
3,4 BENZO-FLUORANTHENE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 625	5
BENZO(GH)PERYLENE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 625	5
BENZO(K)FLUORANTHENE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 625	5
BIS (2-CHLOROETHOXY) METHANE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 625	5
BIS (2-CHLOROETHYL) ETHER	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 625	5
BIS (2-CHLOROISO-PROPYL) ETHER	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 625	5
BIS (2-ETHYLHEXYL) PHTHALATE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 625	5
4-BROMOPHENYL PHENYL ETHER	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 625	5
BUTYL BENZYL PHTHALATE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 625	5
2-CHLORONAPHTHALENE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 625	5
4-CHLOROPHENYL PHENYL ETHER	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 625	5
CHRYSENE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 625	5
DI-N-BUTYL PHTHALATE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 625	5
DI-N-OCTYL PHTHALATE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 625	5
DIBENZO(A,H) ANTHRACENE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 625	5
1,2-DICHLOROBENZENE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 624	5
1,3-DICHLOROBENZENE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 624	5
1,4-DICHLOROBENZENE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 624	5
3,3-DICHLOROBENZIDINE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 625	5
DIETHYL PHTHALATE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 625	5
DIMETHYL PHTHALATE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 625	5
2,4-DINITROTOLUENE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 625	5
2,6-DINITROTOLUENE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 625	5
1,2-DIPHENYLHYDRAZINE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 625	5

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POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
1,1,1-TRICHLOROETHANE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 624	5
1,1,2-TRICHLOROETHANE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 624	5
TRICHLOROETHYLENE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 624	5
VINYL CHLORIDE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 624	5

Use this space (or a separate sheet) to provide information on other volatile organic compounds requested by the permit writer.

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## ACID-EXTRACTABLE COMPOUNDS

P-CHLORO-M-CRESOL	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 625	5
2-CHLOROPHENOL	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 625	5
2,4-DICHLOROPHENOL	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 625	5
2,4-DIMETHYLPHENOL	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 625	5
4,6-DINITRO-O-CRESOL	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 625	5
2,4-DINITROPHENOL	<20	ug/L	<0.46	kg/D	<20	ug/L	<0.11	kg/D	3	EPA 625	20
2-NITROPHENOL	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 625	5
4-NITROPHENOL	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 625	5
PENTACHLOROPHENOL	<10	ug/L	<0.23	kg/D	<10	ug/L	<0.06	kg/D	3	EPA 625	10
PHENOL	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 625	5
2,4,6-TRICHLOROPHENOL	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 625	5

Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer.

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## BASE-NEUTRAL COMPOUNDS

ACENAPHTHENE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 625	5
ACENAPHTHYLENE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 625	5
ANTHRACENE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 625	5
BENZIDINE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 625	5
BENZO(A)ANTHRACENE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 625	5
BENZO(A)PYRENE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 625	5



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POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
FLUORANTHENE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 625	5
FLUORENE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 625	5
HEXACHLOROBENZENE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 625	5
HEXACHLOROBUTADIENE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 625	5
HEXACHLOROCYCLO-PENTADIENE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 625	5
HEXACHLOROETHANE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 625	5
INDENO(1,2,3-CD)PYRENE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 625	5
ISOPHORONE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 625	5
NAPHTHALENE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 625	5
NITROBENZENE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 625	5
N-NITROSODI-N-PROPYLAMINE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 625	5
N-NITROSODI- METHYLAMINE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 625	5
N-NITROSODI-PHENYLAMINE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 625	5
PHENANTHRENE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 625	5
PYRENE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 625	5
1,2,4-TRICHLOROBENZENE	<5	ug/L	<0.12	kg/D	<5	ug/L	<0.03	kg/D	3	EPA 625	5

Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.

Use this space (or a separate sheet) to provide information on other pollutants (e.g., pesticides) requested by the permit writer.

**END OF PART D.**  
**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE**

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**SUPPLEMENTAL APPLICATION INFORMATION****PART E. TOXICITY TESTING DATA**

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters:

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

**E.1. Required Tests.**

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

☒ chronic      ☒ acute

**E.2. Individual Test Data.** Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Test number: \_\_\_\_\_ Test number: \_\_\_\_\_ Test number: \_\_\_\_\_

**a. Test information.**

Test species & test method number			
Age at initiation of test			
Outfall number			
Dates sample collected			
Date test started			
Duration			

**b. Give toxicity test methods followed.**

Manual title			
Edition number and year of publication			
Page number(s)			

**c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.**

24-Hour composite			
Grab			

**d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)**

Before disinfection			
After disinfection			
After dechlorination			

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Test number: \_\_\_\_\_

Test number: \_\_\_\_\_

Test number: \_\_\_\_\_

e. Describe the point in the treatment process at which the sample was collected.

Sample was collected:

f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.

Chronic toxicity

Acute toxicity

g. Provide the type of test performed.

Static

Static-renewal

Flow-through

h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.

Laboratory water

Receiving water

i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.

Fresh water

Salt water

j. Give the percentage effluent used for all concentrations in the test series.

k. Parameters measured during the test. (State whether parameter meets test method specifications)

pH

Salinity

Temperature

Ammonia

Dissolved oxygen

l. Test Results.

Acute:

Percent survival in 100%  
effluent

%

%

%

LC<sub>50</sub>

95% C.I.

%

%

%

Control percent survival

%

%

%

Other (describe)

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Chronic:

NOEC	%	%	%
IC <sub>25</sub>	%	%	%
Control percent survival	%	%	%
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

**E.3. Toxicity Reduction Evaluation.** Is the treatment works involved in a Toxicity Reduction Evaluation?Yes ☒ No

If yes, describe:

**E.4. Summary of Submitted Biomonitoring Test Information.** If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: (MM/DD/YYYY)

Summary of results: (see instructions)

See attached spreadsheet.

**END OF PART E.****REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.**

# FISHERSVILLE WWTP TOXICITY MONITORING REPORT RESULTS

Date	Report Type	Acute (LC50)				Chronic (NOEC) See Notes below									
		Ceriodaphnia dubia	C. dubia Survival TUa	Pimephales promelas	P. promelas Survival TUa	Ceriodaphnia dubia					Pimephales promelas				
						Survival	Survival TUc	Reprod.	Reprod TUc	Reprod IC25	Survival	Survival TUc	Growth	Growth TUc	Growth IC25
July 13 - 16, 2009	Annual	>100%	<1.00	>100%	<1.00	100%	1.00	100%	1.00	>100%	58%	1.72	58%	1.72	>100%
August 9 - 12, 2010	Annual	>100%	1.00	>100%	1.00	100%	1.00	100%	1.00	>100%	100%	1.00	100%	1.00	>100%
April 11 - 14, 2011	Quarterly	>100%	1.00	>100%	1.00	100%	1.00	100%	1.00	>100%	100%	1.00	67%	1.49	>100%
August 8 - 11, 2011	Quarterly	>100%	1.00	>100%	1.00	100%	1.00	100%	1.00	>100%	100%	1.00	82%	1.22	99.0%
October 10 - 13, 2011	Quarterly	>100%	1.00	>100%	1.00	100%	1.00	100%	1.00	>100%	100%	1.00	82%	1.22	>100%
January 9 - 12, 2012	Quarterly	>100%	1.00	>100%	1.00	100%	1.00	100%	1.00	>100%	100%	1.00	67%	1.49	65.0%
May 6 - 9, 2013	Annual	>100%	1.00	>100%	1.00	100%	1.00	100%	1.00	>100%	100%	1.00	100%	1.00	>100%

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## SUPPLEMENTAL APPLICATION INFORMATION

**All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.**

**GENERAL INFORMATION:**

✓ Yes      No

a. Number of non-categorical SIUs. 1

b. Number of CIUs. 0

**SIGNIFICANT INDUSTRIAL USER INFORMATION:**

**Name:** Augusta Regional Landfill

**Mailing Address:** 749 Christians Creek Road  
Staunton VA 24401

Leachate

Principal product(s): N/A

Raw material(s): N/A

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

\_\_\_\_\_ gpd ( \_\_\_\_\_ continuous or \_\_\_\_\_ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

36,450 gpd ( \_\_\_\_\_ continuous or ☒ intermittent)

a. Local limits ✓ Yes      No

b. Categorical pretreatment standards      Yes ✓ No

**If subject to categorical pretreatment standards, which category and subcategory?**

**FACILITY NAME AND PERMIT NUMBER:**Form Approved 1/14/99  
OMB Number 2040-0086

Fishersville WWTP VA0025291

**F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?☐ Yes ☒ No

If yes, describe each episode.

**RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:****F.9. RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ☐ Yes ☐ No (go to F.12.)**F.10. Waste Transport.** Method by which RCRA waste is received (check all that apply):☐ Truck ☐ Rail ☐ Dedicated Pipe**F.11. Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).EPA Hazardous Waste NumberAmountUnits**CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:****F.12. Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?☐ Yes (complete F.13 through F.15.)☐ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

**F.13. Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).**F.14. Pollutants.** List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).**F.15. Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

☐ Yes ☐ No

If yes, describe the treatment (provide information about the removal efficiency):

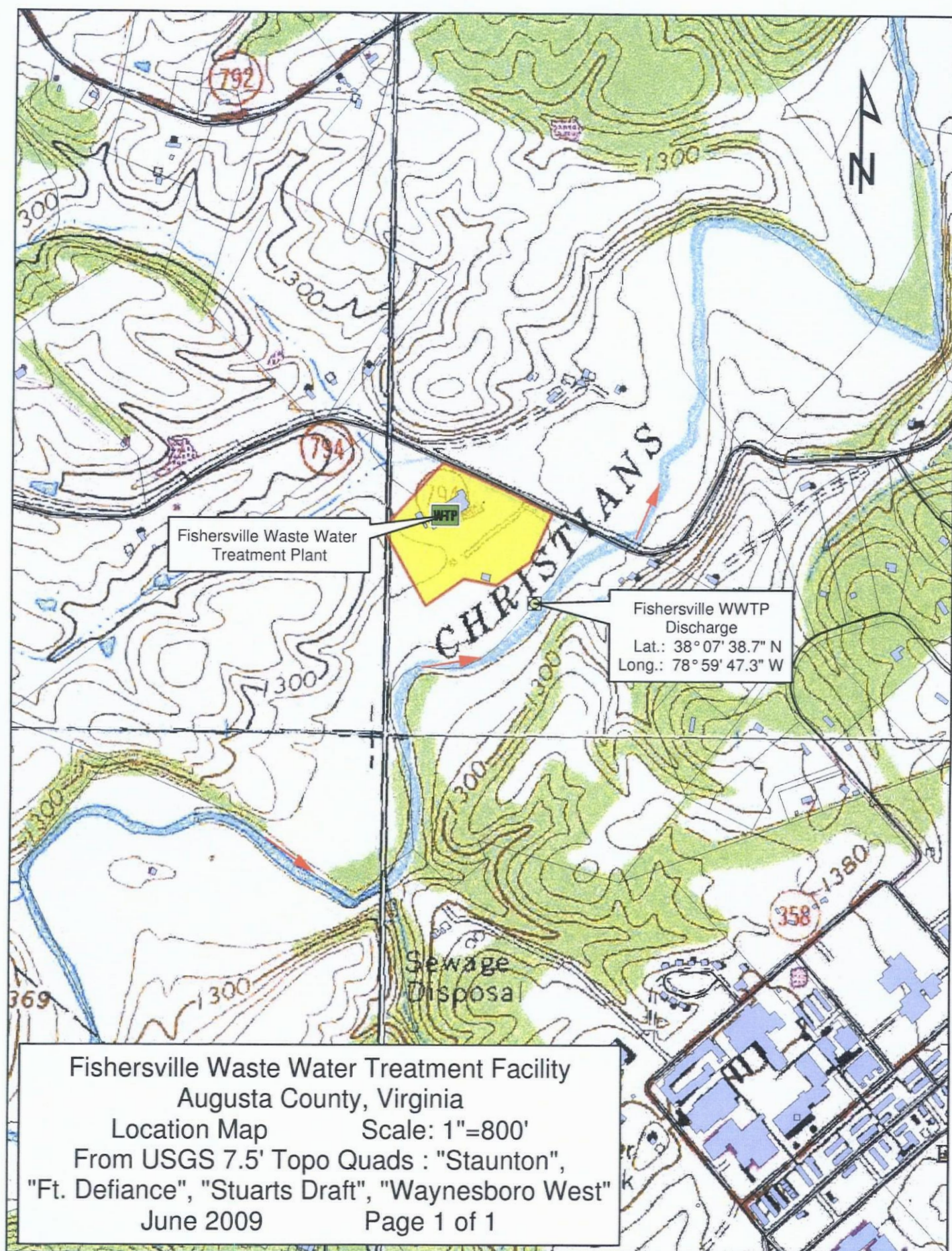
b. Is the discharge (or will the discharge be) continuous or intermittent?

☐ Continuous☐ Intermittent

If intermittent, describe discharge schedule.

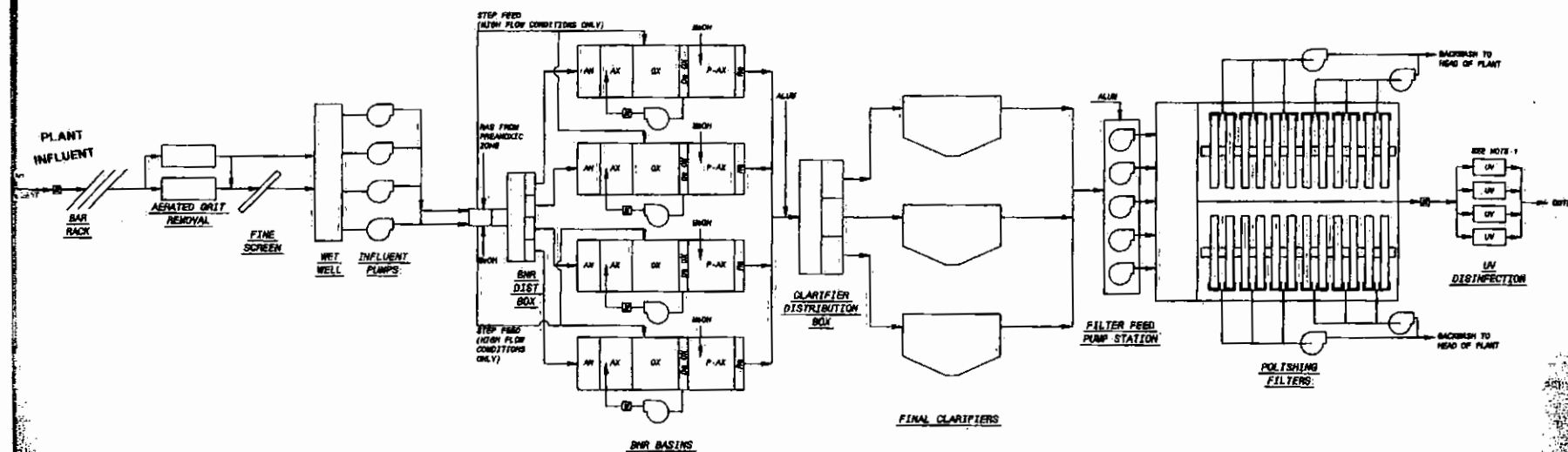
**END OF PART F.****REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE**







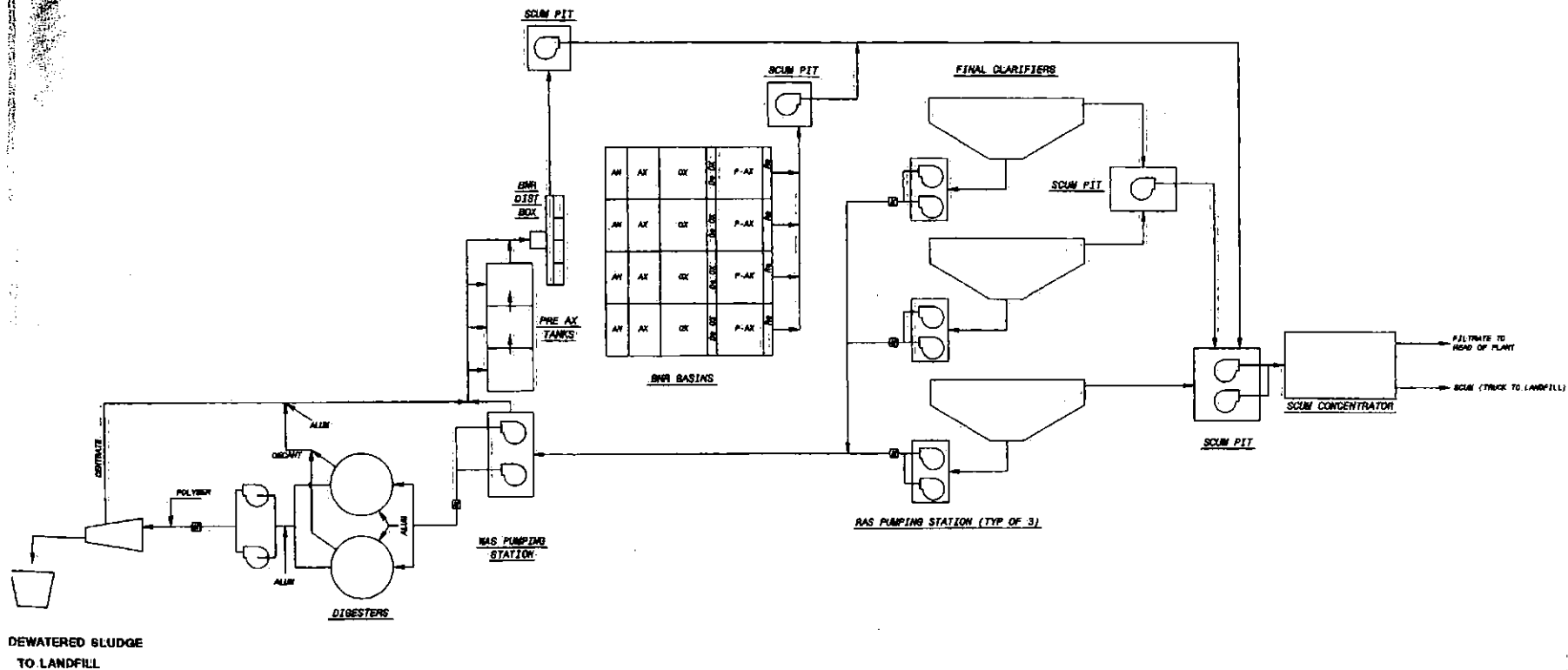




NOTE

1. TWO EXISTING UV CHANNELS TO BE ADDED IN PLACE.

FISHERSVILLE WWTF  
LIQUID PROCESS SCHEMATIC



FISHERSVILLE WWTF  
SOLIDS PROCESS SCHEMATIC

# VPDES Sewage Sludge Permit Application for Permit Reissuance

## Instructions

**WHO MUST SUBMIT THE APPLICATION** - All facilities with a current VPDES Permit that authorizes the discharge of treated sewage wastewater that are applying for reissuance must complete and submit this application.

Part 1 is general information to be provided by all facilities.

Part 2 must be completed by all facilities that generate Class A or Class B biosolids that are land applied.

Part 3 must be completed by all facilities that land apply Class B biosolids.

## Part 1 - Sludge Disposal Management (To be completed by all facilities)

Facility Name: Fishersville Regional WWTP

VPDES Permit No: VA0025291

### 1. Shipment Off Site for Treatment or Blending

Is sewage sludge from your facility sent to another facility that provides treatment or blending? ☒ Yes ☐ No

If you send sewage sludge to more than one facility, attach additional sheets as necessary.

Shipment off site is: ☐ The primary method of sludge disposal ☒ A back up method of sludge disposal

a. Receiving Facility Name

Middle River Regional WWTP

b. Receiving Facility VPDES Permit No.

VA0064793

c. Include an acceptance letter from the Receiving Facility.

d. Receiving Facility's ultimate disposal method for sewage sludge Landfill (primary) or Land Application (secondary)

### 2. Disposal in a Municipal Solid Waste Landfill

Is sewage sludge from your facility placed in a municipal solid waste landfill? ☒ Yes ☐ No

If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.

Landfilling is: ☒ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Landfill Name

Augusta Regional Landfill

b. Landfill Permit No.

585

c. Include an acceptance letter from the landfill.

### 3. Incineration

Is sewage sludge from your facility fired in a sewage sludge incinerator? ☐ Yes ☒ No

Incineration is: ☐ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired? ☐ Yes ☐ No

If yes, provide the Air Registration No. \_\_\_\_\_

If no, complete items b - d for each incinerator that you do not own or operate.

b. Facility Name \_\_\_\_\_

c. Air Registration No. \_\_\_\_\_

d. Include an acceptance letter from the Incinerator.

### 4. Class A Biosolids

Do you produce Class A biosolids for land application or distribution and marketing? If yes, complete Part 2. ☐ Yes ☒ No

Are Class A biosolids from your facility land applied in bulk? ☐ Yes ☐ No

Do you sell or give away Class A biosolids in a bag or other container for application to the land? If yes, provide the

VDACS certification number? \_\_\_\_\_

### 5. Class B Biosolids

Do you produce Class B biosolids? If yes, complete Part 2. ☒ Yes ☐ No

Are Class B biosolids from your facility land applied under the authorization of this VPDES Permit? If yes, complete Part 3. ☐ Yes ☒ No

### 6. Land Application Under a Separate Permit

Are biosolids from your facility land applied under the authorization of a permit other than your VPDES Permit? ☒ Yes ☐ No

Biosolids are land applied under the authorization of a ☒ VPA permit ☐ Another VPDES Permit ☐ Out of State

Complete items a - c for each VPA permit authorized to land apply biosolids from your facility.

a. Permittee Name

Houff's Feed and Fertilizer

b. Permit No.

VPA01566

c. Include copy of any information you provide to the Receiving VPDES or VPA Permittee to comply with the "notice and necessary information" requirement of 9VAC25-31-530 F.

## VPDES Sewage Sludge Permit Application for Permit Reissuance

### Part 2 – Biosolids Characterization (To be completed by all facilities that generate biosolids that are land applied.)

1. Have there been changes to sludge treatment processes or storage facilities since the previous permit issuance/reissuance? ☐ Yes ☒ No
2. Do the biosolids generated under this permit that will be land applied meet one of the Class A pathogen requirements in 9VAC25-31-710 A 3 through A 8 or Class B pathogen requirements in 9VAC25-31-710 B 1 through B 4? ☒ Yes ☐ No  
Identify the pathogen reduction option utilized to demonstrate compliance with the pathogen reductions requirements and provide the data that demonstrate compliance with the applicable alternative. Four
3. Do the biosolids generated under this permit that will be land applied meet one of the vector attraction reduction requirements in 9VAC25-31-720 B 1 through B 10? ☒ Yes ☐ No  
Identify the vector attraction reduction option utilized to demonstrate compliance with the vector attraction reductions requirements and provide the data that demonstrate compliance with the applicable alternative. Four
4. Do the biosolids to be land applied meet the ceiling/pollutant concentrations in 9VAC25-31-540 B? ☒ Yes ☐ No
5. Has data from the most recent 3 samples for pH (S.U.), Percent Solids (%), Ammonium Nitrogen (mg/kg), Nitrate Nitrogen (mg/kg), Total Kjeldahl Nitrogen (mg/kg), Total Phosphorus (mg/kg), Total Potassium (mg/kg), Alkalinity as CaCO<sub>3</sub> (mg/kg), Arsenic (mg/kg), Cadmium (mg/kg), Copper (mg/kg), Lead (mg/kg), Mercury (mg/kg), Nickel (mg/kg), Selenium (mg/kg), Zinc (mg/kg) been submitted to DEQ? The samples shall be no more than 4½ years old and each sampling date shall be at least 1 month apart. ☒ Yes ☐ No

If no, provide the data with this application.

### Part 3 – Land Application of Class B Biosolids (To be completed by all facilities that land apply Class B biosolids.)

1. Provide to DEQ and to each locality in which biosolids are to be land applied, written evidence of financial responsibility. Evidence of financial responsibility shall be provided in accordance with 9VAC25-31-100 P 9.
2. For each site, provide a properly completed landowner agreement for each landowner, using the most current Land Application Agreement - Biosolids Form (VPDES Sewage Sludge Permit Application Form – Attachment to Section C).
3. Are any new land application fields proposed at this reissuance? ☐ Yes ☐ No  
If yes, contact the DEQ Regional Office for additional submittal requirements.
4. For the currently permitted land application fields, are the previously submitted site booklets, maps and acreage accurate. ☐ Yes ☐ No  
If no, contact the DEQ Regional Office for additional submittal requirements.
5. Does the facility's Biosolids Management Plan on file with DEQ include the following minimum information? ☐ Yes ☐ No
  - a. An odor control plan that addresses the abatement of odors resulting from the storage and/or land application of biosolids.
  - b. A description of the transport vehicles to be used.
  - c. Procedures for biosolids offloading at the land application site including spill prevention, cleanup (including vehicle cleaning), field reclamation, and emergency notification and cleanup measures.
  - d. A description of the land application equipment including procedures for calibrating equipment to ensure uniform distribution and appropriate loading rates.
  - e. Procedures used to ensure that land application activities address notification requirements, signage requirements, slope restrictions, operation limitations during periods of inclement weather, soil pH requirements, buffer zone requirements, and site restrictions.
  - f. Any other information necessary to ensure compliance with the requirements of the Biosolids Program of the VPDES Permit Regulation (9VAC25-31-420 through 720).

### Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and Official Title Kenneth J. Fanfoni, P.E., Executive Director

Signature

*by [Signature] Deputy Executive Dir.*

Telephone number / Email (540) 245-5670 / kfanfoni@co.augusta.va.us

Date signed

6/3/14

(Based on a review of this information, it may be necessary to submit additional information to meet other legal or technical review requirements.)

Augusta County Service Authority

Fishersville Regional STP (VA0025291) TCLP Data

Parameter	Fishersville 7/20/2011 (mg/L)	Fishersville 8/14/2012 (mg/L)	Fishersville 8/13/2013 (mg/L)
Arsenic	<0.500	<0.500	<0.500
Barium	0.034	0.045	<1.00
Benzene	<0.050	<0.050	<0.050
Cadmium	<0.050	<0.050	<0.050
Carbon Tetrachloride	<0.050	<0.050	<0.050
Chlordane	<0.00310	<0.00312	<0.00312
Chlorobenzene	<0.050	<0.050	<0.050
Chloroform	<0.050	<0.050	<0.050
Chromium	<0.500	<0.500	<0.500
o-Cresol	<0.024	<0.050	<0.023
m/p-Cresol	<0.024	<0.050	<0.023
2,4-D	<0.0098	<0.0100	<0.00947
1,4-Dichlorobenzene	<0.024	<0.050	<0.023
1,2-Dichloroethane	<0.050	<0.050	<0.050
1,1-Dichloroethene	<0.050	<0.050	<0.050
2,4-Dinitrotoluene	<0.024	<0.050	<0.023
Endrin	<0.00025	<0.00025	<0.00025
gamma-BHC	<0.00012	<0.00012	<0.00012
Heptachlor	<0.00012	<0.00012	<0.00012
Heptachlor (+epoxide)	<0.00012	<0.00012	<0.00012
Hexachlorobenzene	<0.024	<0.050	<0.023
Hexachlorobutadiene	<0.024	<0.050	<0.023
Hexachloroethane	<0.024	<0.050	<0.023
Lead	<0.500	<0.500	<0.500
Mercury	<0.0020	<0.0020	<0.0020
Methoxychlor	<0.00124	<0.00125	<0.00125
Methyl ethyl Ketone	<0.500	<0.500	<0.500
Nitrobenzene	<0.024	<0.050	<0.023
Pentachlorophenol	<0.024	<0.050	<0.023
Pyridine	<0.024	<0.050	<0.023
Selenium	<0.500	<0.200	<0.500
Silver	<0.100	<0.100	<0.100
Tetrachloroethylene	<0.050	<0.050	<0.050
Toxaphene	<0.00310	<0.00312	<0.00312
Trichloroethylene	<0.050	<0.050	<0.050
2,4,5-Trichlorophenol	<0.024	<0.050	<0.023
2,4,6-Trichlorophenol	<0.024	<0.050	<0.023
2,4,5-TP (Silvex)	<0.0049	<0.00501	<0.00473
Vinyl Chloride	<0.050	<0.050	<0.050

Augusta County Service Authority

Fishersville Regional STP (VA0025291) Biosolids Data

	Arsenic	Cadmium	Chromium	Copper	Lead	Mercury	Molybdenum	Nickel	Selenium	Zinc
Date	mg/kg	mg/kg	mg/kg	mg/kg	mg/kg	mg/kg	mg/kg	mg/kg	mg/kg	mg/kg
2011	5.0	1.0	49	595	15	2.8	19	15	7.0	555
2012	3.0	1.0	50	442	15	3.8	9	11	5.0	416
2013	5.0	<2.0	54	527	14	1.9	8	17	<5.0	561
EPA Ceiling*	75	85	3,000	4,300	840	57	75	4,000	250	7,500
EPA Exceptional **	41	39	1,200	1,500	300	17	N/A	420	36	2,800

\* EPA Ceiling Concentration for Pollutants for all Sewage Sludge Applied to Land (mg/kg).

\*\* EPA Pollutant Concentration for Exceptional Quality Sewage Sludge (mg/kg).

Parameter	Analytical Method	Detection Level (mg/kg)
Arsenic	SW 6010C	1
Cadmium	SW 6010C	1
Chromium	SW 6010C	5
Copper	SW 6010C	1
Lead	SW 6010C	5
Mercury	SW 7471B	0.4
Molybdenum	SW 6010C	5
Nickel	SW 6010C	5
Selenium	SW 6010C	1
Zinc	SW 6010C	1

# AUGUSTA COUNTY SERVICE AUTHORITY



18 GOVERNMENT CENTER LANE, P.O. BOX 859, VERONA, VIRGINIA 24482 (540) 245-5670 FAX: (540) 245-5684

May 29, 2014

Ms. Dawn Jeffries  
Department of Environmental Quality  
P.O. Box 3000  
Harrisonburg, VA 22801-3000

RE: Acceptance of ACSA biosolids at the Augusta Regional Landfill

Dear Ms. Jeffries:

The Augusta Regional Landfill will accept biosolids from all the Augusta County Service Authority facilities as long as the waste meets the Solid Waste Management Regulation 9VAC-20-80 and our Solid Waste Facility Permit Number 585.

Our permit requires that biosolids contain no free liquids (must be able to pass a paint filter test) and have been stabilized. A maximum ratio of one (1) ton of biosolids per five (5) tons of solid waste per day will be accepted. The landfill currently has a daily average of 400 tons.

If you have any questions concerning this matter, please call me at (540) 337-2857.

Sincerely,

Greg Thomasson, P.E.  
Director of Solid Waste Management

Xc: Jean Andrews, Lab and Compliance Manager





**VIRGINIA POLLUTION DISCHARGE ELIMINATION SYSTEM**  
**MUNICIPAL EFFLUENT AND BIOSOLIDS**


**NON-HAZARDOUS WASTE DECLARATION**

For waste to be land applied, the owner of the treatment works, as defined by 9 VAC 25-31-10, must sign the following statement:

I certify that the waste from the facility identified below and described in this application is non-hazardous and not regulated under the Resource Conservation and Recovery Act or the Virginia Hazardous Waste Management Regulation (9 VAC 20-60).

Facility Name: Fishersville Regional WWTP

VPDES, NPDES or State Permit Number: VA0025291

by  Dep. Exec. Dir. 6/3/14  
(Signature of Owner) (Date)

Kenneth J. Fanfoni  
(Printed Name of Owner)

Executive Director  
(Title)

**Generator Contact Information**

Jeff May, Chief Operator  
(Name and Title)

887 Sangers Lane, Staunton VA 24401  
(Address)

540-487-9441  
(Phone Number)

jmay@co.augusta.va.us  
(Email Address)

**VIRGINIA DEQ NO EXPOSURE CERTIFICATION  
FOR EXCLUSION FROM VPDES STORM WATER PERMITTING**

Submission of this **No Exposure Certification** constitutes notice that the entity identified below does not require permit authorization for its storm water discharges associated with industrial activity under the VPDES Permit Program due to the existence of a condition of **No Exposure**.

A condition of **No Exposure** exists at an industrial facility when all industrial materials and activities are protected by a storm resistant shelter to prevent exposure to rain, snow, snowmelt, and/or runoff. Industrial materials or activities include, but are not limited to, material handling equipment or activities, industrial machinery, raw materials, intermediate products, by-products, final products, or waste products. Material handling activities include the storage, loading and unloading, transportation, or conveyance of any raw material, intermediate product, final product or waste product. A storm resistant shelter is not required for the following industrial materials and activities:

- drums, barrels, tanks, and similar containers that are tightly sealed, provided those containers are not deteriorated and do not leak. "Sealed" means banded or otherwise secured and without operational taps or valves;
- adequately maintained vehicles used in material handling; and
- final products, other than products that would be mobilized in storm water discharges (e.g., rock salt).

A No Exposure Certification must be provided for each facility qualifying for the No Exposure exclusion. In addition, the exclusion from VPDES permitting is available on a facility-wide basis only, not for individual outfalls. If any industrial activities or materials are or will be exposed to precipitation, the facility is not eligible for the No Exposure exclusion.

By signing and submitting this No Exposure Certification form, the entity below is certifying that a condition of No Exposure exists at its facility or site, and is obligated to comply with the terms and conditions at 9 VAC 25-31-120 E (the VPDES Permit Regulation).

Please Type or Print All Information. ALL INFORMATION ON THIS FORM MUST BE PROVIDED.

**1. Facility Operator Information**

Name: Augusta County Service Authority

Mailing Address: PO Box 859

City: Verona State: VA Zip: 24482 Phone: 540-245-5670

**2. Facility/Site Location Information**

Facility Name: Fishersville Regional WWTP

Address: 887 Sangers Lane

City: Staunton State: VA Zip: 24401

County Name: Augusta

Latitude: 38° 07' 38.7 Longitude: 78° 59' 47.3"

**3. Was the facility or site previously covered under a VPDES storm water permit?** Yes ☐ No ☒

If "Yes", enter the VPDES permit number: \_\_\_\_\_

**4. SIC/Activity Codes:** Primary: 4952 Secondary (if applicable): \_\_\_\_\_

**5. Total size of facility/site associated with industrial activity:** 13.4 acres

**6. Have you paved or roofed over a formerly exposed pervious area in order to qualify for the No Exposure exclusion?** Yes ☐ No ☒

If "Yes", please indicate approximately how much area was paved or roofed. Completing this question does not disqualify you for the No Exposure exclusion. However, DEQ may use this information in considering whether storm water discharges from your site are likely to have an adverse impact on water quality, in which case you could be required to obtain permit coverage.

Less than one acre ☐ One to five acres ☐ More than five acres ☐

## 7. Exposure Checklist

Are any of the following materials or activities exposed to precipitation, now or in the foreseeable future? (Please check either "Yes" or "No" in the appropriate box.) If you answer "Yes" to any of these questions (1) through (11), you are not eligible for the No Exposure exclusion.

	Yes	No
(1) Using, storing or cleaning industrial machinery or equipment, and areas where residuals from using, storing or cleaning industrial machinery or equipment remain and are exposed to storm water	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(2) Materials or residuals on the ground or in storm water inlets from spill/leaks	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(3) Materials or products from past industrial activity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(4) Material handling equipment (except adequately maintained vehicles)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(5) Materials or products during loading/unloading or transporting activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(6) Materials or products stored outdoors (except final products intended for outside use [e.g., new cars] where exposure to storm water does not result in the discharge of pollutants)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(7) Materials contained in open, deteriorated or leaking storage drums, barrels, tanks, and similar containers	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(8) Materials or products handled/stored on roads or railways owned or maintained by the discharger	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(9) Waste material (except waste in covered, non-leaking containers [e.g., dumpsters])	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(10) Application or disposal of process wastewater (unless otherwise permitted)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(11) Particulate matter or visible deposits of residuals from roof stacks and/or vents not otherwise regulated (i.e., under an air quality control permit) and evident in the storm water outflow	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## 8. Certification Statement

I certify under penalty of law that I have read and understand the eligibility requirements for claiming a condition of no exposure and obtaining an exclusion from VPDES storm water permitting; and that there are no discharges of storm water contaminated by exposure to industrial activities or materials from the industrial facility identified in this document (except as allowed under 9 VAC 25-31-120 E 2).

I understand that I am obligated to submit a No Exposure Certification form once every five years to the Department of Environmental Quality and, if requested, to the operator of the local MS4 into which this facility discharges (where applicable). I understand that I must allow the Department, or MS4 operator where the discharge is into the local MS4, to perform inspections to confirm the condition of no exposure and to make such inspection reports publicly available upon request. I understand that I must obtain coverage under a VPDES permit prior to any point source discharge of storm water associated with industrial activity from the facility.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based upon my inquiry of the person or persons who manage the system, or those persons directly involved in gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print Name: Kenneth J. Fanfoni

Print Title: Executive Director

Signature: *Kenneth J. Fanfoni*

Date: 6/3/14

For Department of Environmental Quality Use Only

Accepted/Not Accepted by: \_\_\_\_\_

Date: \_\_\_\_\_

PUBLIC NOTICE BILLING INFORMATION

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in the Staunton News Leader in accordance with 9 VAC 25-31-290.C.2.

Agent/Department to be billed: Augusta County Service Authority

Owner: \_\_\_\_\_

Agent/Department Address: PO Box 859

Verona VA 24482

Agent's Telephone No.: 540-245-5670

Printed Name: Ken Fanfoni

Authorizing Agent – Signature: by [Signature] Deputy Executive Dir.

Date: 6/3/14 6/5/09

**For facilities that will appear in the Winchester Star or Daily Progress.**

☐ Please check the box if you have verified with the **Winchester Star or Daily Progress** that you have an acceptable credit account with them.

**Attention Permittee:** Please complete the above information and return this form within 14 days to Eric Millard, DEQ-Valley Regional Office, P. O. Box 3000, Harrisonburg, Virginia 22801.

VPDES Permit No. VA0025291

Facility Name Fishersville Regional STP

**VPDES/VPA Permit Billing Information Form  
for Annual Maintenance Fee**

**Facility Name:** Fishersville Regional WWTP

**Permit Number:** VA00025291

**Owner Name:** Augusta County Service Authority

**Owner Address:** PO Box 859  
Verona VA 24482

**Billing Contact Name:** Kenneth J. Fanfoni

**Title:** Executive Director

**Phone Number:** 540-245-5670

**E-Mail Address:** kfanfoni@co.augusta.va.us